

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703

E-Mail: web@drl.state.wi.us
Website: <http://www.drl.state.wi.us>

APPLICATION INFORMATION FORM

ATTENTION

IMPORTANT INFORMATION PLEASE READ

Enclosed is the application packet you recently requested from the Wisconsin Department of Regulation and Licensing.

To avoid any unnecessary errors, take a moment to review the entire application packet before you begin to complete your application.

We will mail you a check sheet within 10-15 working days after receipt of your application in this office. The check sheet will include an identification number that allows you to check the status of your application by calling the **Interactive Voice Response System, (608) 261-7925**. The Interactive Voice Response System will inform you of any requirements not met. You may also check the status of your application on our web-site: <http://www.drl.state.wi.us>. Look under "Applicant Services."

It is your obligation as an applicant to see that the items listed as "Is Required" are forwarded to the Department of Regulation and Licensing. The Department will not contact other agencies or jurisdictions for information/documents to complete your application. We will update check sheets within 3-5 working days of receipt of documents. An application is not considered complete until we receive all the required documents and fees.

Once your application is complete, check the department's web-site: <http://www.drl.state.wi.us>. Look under "Business/Professional License Lookup" for your official credential number and grant date.

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-0145

1400 E. Washington Avenue
Madison, WI 53703
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Website: <http://www.drl.state.wi.us>

PSYCHOLOGY EXAMINING BOARD

INFORMATION FOR COMPLETING PSYCHOLOGIST LICENSURE APPLICATION

PLEASE READ BEFORE COMPLETING YOUR APPLICATION

- An applicant must hold a doctoral degree in psychology from a regionally accredited institution and have 3,000 hours of supervised experience, of which a minimum of 1,500 hours follows completion of all requirements for the doctoral degree;
- All applicants are required to pass the "Examination for Professional Practice in Psychology (EPPP), and successfully complete the written examination on the elements of practice essential to the public health, safety or welfare (Ethics);
- An applicant's education, training and supervised experience as outlined in Ch. 455, Stats., and sec. Psy 2, of the Wisconsin Statutes and Administrative Code, will be reviewed by the Psychology examining board for approval upon receipt of a completed application and all supporting documents in the board office.
- An applicant applying under the Senior Psychologist or CPQ endorsement as outlined in Ch. 455, Stats., and sec. Psy 2.12(3)(4), must provide evidence of licensure without discipline and/or endorsement by ASPPB; must successfully complete the written exam on the elements of practice essential to the public health, safety or welfare (Ethics); submit the "Nature of Intended Practice of Psychology" (Form #1950); and complete the "State Tax Delinquency Form" (Form #2380). Transcripts, the "Supervised Experience Form" and EPPP scores do not have to be submitted.

INSTRUCTIONS FOR COMPLETING THE APPLICATION:

- Application (Form #634):** Complete the enclosed application and attach the appropriate fee. Make check payable to "Department of Regulation & Licensing" and mail to the Psychology Examining Board at P.O. Box 8935, Madison WI 53708-8935. *See page 2 of this application for other required documents.*
- Nature of Intended Practice of Psychology (Form #2553).** (To be completed by applicant and return to the board office.)
- Documentation of 3000 hours of supervised experience.** Verification of supervised experience should be completed on one of 2 forms: Form #2555 – applicant has completed a formal pre-doctoral internship or post-doctoral residency (e.g., APA approved, APPIC member); or Form #2557 – applicant has completed 3000 hours through an informal training experience. Both forms request information to be provided by the applicant before submitting to the supervisor/director of training for completion.
 - Pre-Doctoral Experience:** Forward one copy of the "Supervised Experience Form" (Form #2555 or Form #2557) to the supervising psychologist who coordinated your supervised experience relating to psychology. **This form must be completed by your main supervisor in its entirety** and returned directly to the Psychology Examining Board, P.O. Box 8935, Madison WI 53708-8935. ***You and your supervisor(s) must be familiar with all the requirements for supervised experience as specified in sec. Psy 2.09(2), Wis. Admin. Code, prior to completing this form.***
 - Post-Doctoral Experience:** Forward one copy of the "Supervised Experience Form" (Form #2555 or Form #2557) to all psychologist(s) who have supervised your experience relating to psychology. *(This form may be copied.)* **This form must be completed by your supervisor(s) in its entirety** and returned directly to the Psychology Examining Board, P.O. Box 8935, Madison WI 53708-8935. ***You and your supervisor(s) must be familiar with all the requirements for supervised experience as specified in sec. Psy 2.09(2), Wis. Admin. Code, prior to completing this form.***
 - Summary of Competencies For Independent Practice (Form 2554).** (To be completed by each supervisor) Each supervisor you listed on either form #2555 or #2557 must complete and return form #2554.
- Official Transcripts - Doctorate Degree:** Request official transcripts to be sent directly from the educational institutions to the Psychology Examining Board, P.O. Box 8935, Madison WI 53708-8935. ***A degree is not recognized until the degree granting institution states the degree has been awarded.*** The transcript must be the final transcript stating the degree awarded, major, and date degree granted. Pre-dated transcripts are not acceptable. Transcripts supplied by the applicant are not acceptable.
- Social Security Number Collection Form (Form #2380):** Complete and submit with your application to the board office.

EXAMINATION FOR PROFESSIONAL PRACTICE IN PSYCHOLOGY (EPPP)

EPPP Examination Candidates – Examinations are computer-based. You will receive an application to take the EPPP upon receipt of a completed application, the appropriate licensure application fee, vita, doctorate transcripts. Please remit the EPPP fee **when you return the EPPP application.** (sec. Psy 2.02(2)) Documentation of supervised psychological experience is not required to be on file in the board office prior to being admitted to the examination.

Wisconsin Department of Regulation & Licensing

A passing grade on the EPPP examination does not guarantee eligibility for licensure in Wisconsin. Your credentials must satisfy the requirements set forth in Ch. 455, Stats., and sec. Psy 2, Wis. Admin. Code.

Applicants who have already written the EPPP examination - You are required to contact the ASPPB Score Transfer Service, P.O. Box 241245, Montgomery, AL 36124, (334) 832-4580, or the ASPPB website to request an application for a score transfer. Your scores should be forwarded directly the Psychology Examining Board, P.O. Box 8935, Madison WI 53708-8935.

ETHICS EXAMINATION

The written examination on the elements of practice essential to the public health, safety or welfare (Ethics) is based on the information contained in the enclosed "Wisconsin Statutes and Administrative Code Relating to the Practice of Psychology" book. The exam consists of 100 multiple choice questions. You will have 1 hour and 40 minutes to complete this examination. Each question is worth 1 point. Candidates must pass this examination with a minimum score of 75% or better. The content of the examination and approximate weighting of questions is as follows:

<u>Chapter</u>	<u>Topic</u>	<u>% of Questions</u>
Ch. 48	Children's Code	9%
Ch. 51.61	Patients Rights	1%
Ch. 455	Psychology Examining Board	11%
Ch. 905	Evidence-Privileges	1%
Ch. 938	Juvenile Justice Code Disposition	1%
Ch. 940	Crimes Against Life & Bodily Security	3%
Ch. 948	Crimes Against Children	1%
Psy 1	Authority and Definitions	2%
Psy 5	Conduct	71%

ORAL INTERVIEW

Applicants are required to meet with the Psychology Examining Board for a personal interview to discuss their intended area of practice, and answer general practice questions relating to psychology. Candidates are encouraged to be familiar with all APA ethical standards, Code of Conduct as well as the statutes and rules pertaining to the practice of psychology in Wisconsin. This interview will be approximately 15 minutes.

ADMISSION TICKETS

Admission tickets are mailed to applicants approximately 10 days prior to the examination date. An admission ticket along with a photo ID (driver's license) is required for entrance into the examination. The burden to prove photo likeness of the applicant rests with the applicant so current photos are recommended. If you have an address change prior to the mailing of the admission tickets, please notify the board office at the above phone number. Please appear at the time scheduled on your admission ticket. Free parking is available on North Dickinson Street across the street from the Washington Square Building. The Board may withhold the score of an applicant who gives or receives unauthorized assistance during examinations. Your examination will be hand scored by the proctor prior to your appearance before the Board and will be machined scored later for verification. During your interview with the Board you will be informed of your score on this examination.

The content and process of this examination, and candidate performance statistics, are regularly evaluated by the department and the Psychology Examining Board to assure that this examination fairly and effectively assess competencies necessary to practice as psychologist. Passing examination grades of credentialed candidates are retained indefinitely in an electronic credential file. Failing grades are retained on file until replaced by passing grades. Answer sheets, examination products and examiner evaluation documents are retained one year after the examination date. Booklets used by candidates are retained two months after release of grades. Records of specific examination content (examination file copies) are retained five years.

MAILING INSTRUCTION

Mail the application, the appropriate fee, and supporting documentation to the following address:

DEPARTMENT OF REGULATION & LICENSING
PSYCHOLOGY EXAMINING BOARD
P.O. BOX 8935
MADISON WI 53708-8935

Wisconsin Department of Regulation & Licensing

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PSYCHOLOGY EXAMINING BOARD

APPLICATION FOR LICENSE TO PRACTICE PSYCHOLOGY

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

PLEASE TYPE OR PRINT IN INK

☐ Your name and address are available to the public.
Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.).

Last Name	First Name	MI	Former / Maiden Name(s)
-----------	------------	----	-------------------------

Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth	Daytime Telephone Number
____ month ____ day ____ year	(____) ____ - ____

Ethnic/gender status information is optional.	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Ethnic: <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other
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Have you ever held a license/credential in the state of Wisconsin? ____ Yes ____ No (please indicate)
If yes, provide your Wisconsin license/credential number. _____

School Name: _____

School Address: _____
(City) (State)

Date of Diploma: _____
month/day/year

Degree: _____ Specialty: _____

APPLICATION FEES Please check applicable blank: (Make check payable to Department of Regulation and Licensing and attach to application).

EXAM APPLICANTS

____ EPPP & State Law Exam
\$ 53.00 Initial Credential Fee
\$ 57.00 State Law Exam
\$ 15.00 Contract Exam Fee
\$ 125.00 Total Fee Attached

ENDORSEMENT APPLICANTS

____ Endorsement & State Law Exam
\$ 157.00 Endorsement Fee
\$ 57.00 State Law Exam
\$ 214.00 Total Fee Attached

Check one only if applicable:

☐ CPQ ☐ Sr. Psychologist

For Receipting Use Only

Wisconsin Department of Regulation & Licensing

APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

Fee attached to this application

Addendum to Application (Form 2380)

Official transcript - doctorate degree (not required of CPQ or Sr. psychologist applicants)

EPPP Examination Scores (not required of CPQ or Sr. psychologist applicants)

Nature of Intended Practice of Psychology Form, #2553*

Verifications from all State Boards where credentialed (includes active and inactive credentials)*

Supervised Experience Forms* (not required of CPQ or Sr. psychologist applicants) #2555 and/or #2557

Copies of malpractice suit(s). Court documents with allegations and settlement. (If applicable)*

Current Vita

Convictions and Pending Charges (Form #2264) if applicable

*May be submitted after the deadline for the EPPP.

IS NAME ON ALL CREDENTIALS THE SAME? IF NOT, SUBMIT CERTIFIED COPY OF MARRIAGE CERTIFICATE, DIVORCE DECREE, ETC.

EDUCATION:

Date Doctoral Degree Received	Educational Institution	Check if Regionally Accredited	Department	Major as Shown on Transcript	Date Degree Requirements Fulfilled

Title of Dissertation: _____

Name of individual who chaired your dissertation committee: _____

EXPERIENCE AND PRACTICE:

1. Place of current employment (name, address, supervisor). Describe your duties here.

2. Please attach a vita which includes all experience you feel is pertinent to the practice of psychology.

Wisconsin Department of Regulation & Licensing

I AM CREDENTIALLED IN THE FOLLOWING STATES (UNLIMITED):

By Written Exam: _____

By Endorsement/Reciprocity: _____

YOU ARE REQUIRED TO HAVE EACH STATE BOARD IN WHICH YOU HAVE EVER BEEN CREDENTIALLED SUBMIT LETTERS OF VERIFICATION TO THE WISCONSIN PSYCHOLOGY EXAMINING BOARD. THE LETTERS MUST INDICATE YOUR DATE OF BIRTH, CREDENTIAL NUMBER, DATE OF ISSUANCE, AND A STATEMENT REGARDING DISCIPLINARY ACTIONS. THESE LETTERS WILL BE REQUIRED IN ORDER TO COMPLETE YOUR APPLICATION FOR LICENSURE.

ANSWER THE FOLLOWING QUESTIONS: (Attach additional sheets if necessary)

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Are you a diplomate in any specialty area in psychology?
Identify specialty: _____
Identify organization awarding diplomate status: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever failed to pass any state board examination, national board examination, or EPPP examination? If yes, give details on an attached sheet. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation, revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have any felony or misdemeanor charges pending against you? If yes, attach a sheet providing details about the pending charge, copy of the court documents and status of the charge. (Please do not give details on minor traffic charges, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever been convicted of a misdemeanor or a felony? If yes, attach a sheet providing details about the crime, including date of conviction, penalty and a copy of the court documents. (Please do not give details on minor traffic convictions, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you incarcerated, on probation or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what states(s). _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under. _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Wisconsin Department of Regulation & Licensing

For the purposes of these questions, the following phrases or words have the following meanings:

"Ability to practice psychology" is to be construed to include all of the following:

1. The cognitive capacity to make appropriate diagnoses, provide competent services and exercise reasoned psychological judgment and to learn and keep abreast of developments pertaining to the practice of psychology; and
2. The ability to communicate those judgments and psychology information to clients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform psychology tasks such as examination and treatment procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical condition" includes physiological, cognitive or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

"Chemical substances" is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or **within the past two years**.

"Illegal use of controlled dangerous substances" means the use of controlled dangerous substances obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

- | | YES | NO |
|--|--------------------------|--------------------------|
| 12. Do you have a medical condition which in any way impairs or limits your ability to practice psychology with reasonable skill and safety? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Does your use of chemical substance(s) in any way impair or limit your ability to practice psychology with reasonable skill and safety? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Are you currently engaged in the illegal use of controlled dangerous substances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. If yes, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |

Wisconsin Department of Regulation & Licensing

AFFIDAVIT OF APPLICANT

(Sign and date in the presence of a notary)

I state that I am the person referred to on this application and that all the answers set forth are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential. I also understand that if I am issued a credential, failure to comply with the laws or rules of either the Psychology Examining Board or the Wisconsin Department of Regulation and Licensing will be cause for disciplinary action.

Signature of Applicant

State of _____ County of _____

Subscribed and sworn to before this _____ day of

_____, 20____, by _____
(Applicant name)

Signature of Notary Public

S E A L

Date Commission Expires

Wisconsin Department of Regulation & Licensing

SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.¹ A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

_____	_____	_____
First Name	Middle Initial	Last Name

Profession		

Date of Birth _____ _____ _____
 month day year

- -

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,² to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,³ and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.⁴

¹ Section 440.03 (11m), Wis. Stats.	³ Section 440.12, Wis. Stats.
² Sections 49.22, and 440.13, Wis. Stats.	⁴ Health Insurance Portability and Accountability Act (HIPAA) of 1996

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.

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PSYCHOLOGY EXAMINING BOARD

NATURE OF INTENDED PRACTICE OF PSYCHOLOGY

TO BE COMPLETED BY APPLICANT

Name of Applicant _____ Date _____

INSTRUCTIONS:

- A. In which of the following services can you demonstrate competency to perform independently upon licensure as a psychologist in Wisconsin? Please include only those competencies that are supported by your pre- and post-doctoral supervised experience subsequent to practicum, clerkship, externship, or other employment. It must be documented during the pre-and post-doctoral training and supervision you have submitted for licensure. *Place a check directly in front of the service.*
- B. Indicate the number of hours *during the pre- and/or post-doctoral supervised experience* for each service. Endorse the *Specialty Areas* **only** if you have had substantial supervised training and experience to qualify.

1. General Services Qualified to Provide

	<u>Total # hrs</u>	(✓)	
(1)	_____	_____	Therapy
(2)	_____	_____	Evaluation
(3)	_____	_____	Psychological Assessment
(4)	_____	_____	Consultation
(5)	_____	_____	Academic Teaching

2. Populations Qualified to Serve

	<u>Total # hrs</u>	(✓)	
(1)	_____	_____	Preschool Children
(2)	_____	_____	Children (5-12)
(3)	_____	_____	Adolescents (13-17)
(4)	_____	_____	Adults (18 and over)
(5)	_____	_____	Geriatric

3. Setting of Experience

	<u>Total # hrs</u>	(✓)	
(1)	_____	_____	Correctional
(2)	_____	_____	University/College
(3)	_____	_____	Inpatient Hospital
(4)	_____	_____	Private Practice

	<u>Total # hrs</u>	(✓)	
(5)	_____	_____	Industrial/Organizational
(6)	_____	_____	Community Mental Health Center
(7)	_____	_____	Other _____
(8)	_____	_____	Other _____

4. Services Qualified to Offer

	<u>Total # hrs</u>	(✓)	
(1)	_____	_____	ADD/ADHD Eval. & Treatment
(2)	_____	_____	Behavioral Medicine
(3)	_____	_____	Behavioral Modification
(4)	_____	_____	Biofeedback
(5)	_____	_____	Custody Evaluations
(6)	_____	_____	Eating Disorders
(7)	_____	_____	Family Therapy
(8)	_____	_____	Group Therapy
(9)	_____	_____	Hypnosis
(10)	_____	_____	Individual Therapy
(11)	_____	_____	Competency Examinations
			Specify _____

	<u>Total # hrs</u>	(✓)	
(12)	_____	_____	Marital/Conjoint Therapy
(13)	_____	_____	Mediation
(14)	_____	_____	Play Therapy
(15)	_____	_____	Program Eval. & Development
(16)	_____	_____	Psychodrama
(17)	_____	_____	Sex Therapy
(18)	_____	_____	Sports Psychology
(19)	_____	_____	Substance Abuse/Addictions
(20)	_____	_____	Supervision
(21)	_____	_____	Other: _____

5. Specialty Areas:

	<u>Total # hrs</u>	(✓)	
(1)	_____	_____	Forensic Psychology
(2)	_____	_____	Neuropsychology
(3)	_____	_____	Industrial/Org. Psychology
(4)	_____	_____	Other _____

Comments/Clarification: _____

I declare that all of the foregoing in this form is true and correct.

Signature of Applicant _____

Telephone Number _____

Date _____

#2553 (Rev. 7/03)

Ch. 455, Stats.

Committed to Equal Opportunity in Employment and Licensing

Wisconsin Department of Regulation & Licensing

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PSYCHOLOGY EXAMINING BOARD

VERIFICATION OF FORMAL PREDOCTORAL INTERNSHIP OR POSTDOCTORAL RESIDENCY VERIFICATION FORM (duplicate if necessary)

CHECK ONE

☐ PRE-DOCTORAL

☐ POST-DOCTORAL

THIS FORM IS TO BE SUBMITTED TO DOCUMENT COMPLETION OF A FORMAL (e.g. APA APPROVED) PREDOCTORAL INTERNSHIP OR POSTDOCTORAL RESIDENCY PROGRAM AS A PORTION OF THE REQUIRED 3,000 CLOCK HOURS OF SUPERVISED EXPERIENCE

Please Note: It is not acceptable to attach letters in lieu of completing this form.

A. **Applicant for Licensure will complete this page and mail with the attached pages to Supervisor(s):**

Applicant Name:	_____	Doctoral Degree:	_____	Date:	_____
Address:	_____				
City:	_____	State:	_____	Zip:	_____
Telephone:	_____				
Applicant's title in the Internship/Residency	_____				
(e.g., Clinical Psychology Resident, Counseling Psychology Intern, School Psychology Intern)					
Internship/Residency Agency:	_____				
City:	_____	State:	_____	Zip:	_____
Telephone:	_____				
How many interns/residents were in the program for the entire and same time you were?	_____				
Inclusive dates of internship/residency	_____				

B. Hours of Internship/Residency Supervision					
Supervisor's Name (List primary first)	Supervisor's Degree (Ph.D. or Psy.D.)	Year Supervisor was Licensed as a Psychologist	Hours/Week of Individual Supervision	Hours/Week of Group Supervision	Dates of Supervision From/To mo/day/yr - mo/day/yr

Supervised hours are to be accumulated at not more than 40 nor less than 16 hours per week.

C. Summary of Supervision Hour Totals						
Total number of hours of supervised experience.						
	Total Number of Weeks	MULTIPLY	Average Number of Hours per Week	EQUALS = Initial Number of Hours	MINUS – number of hours of training missed during the period for such things as vacation, holidays, sick days, personal days, snow days, etc.	EQUALS = Total Number of Hours Earned
EXAMPLE	50 weeks	X	40 hours	= 2,000 hours	- 160 hours	= 1,840 hours
Applicant						

Wisconsin Department of Regulation & Licensing

Please note: Wisconsin Administrative Code Chapter Psy 2.09(3)9 reads:

“The experience shall consist of at least 25% face-to-face client contact and at least 40% direct service for the purpose of providing psychological service. For the purposes of this subsection direct service means those activities a psychologist performs that are directly related to providing psychological services to a client, such as note and report writing, studying test results, case consultations and reviewing published works relating to the client’s needs.” Direct service also includes face-to-face contact.

D. Total number of hours per week of direct psychological experience						
	Total Number Hours per Weeks	PERCENT	Total number of hours per week of direct service for the purpose of psychological service	PERCENT	Total number of hours per week of face-to-face contact with clients	PERCENT
EXAMPLE	40 hours per week	100%	23 hours per week	57.5%	12 hours per week	30.0%
Applicant						

E. Total number of hours per week of supervision			
	Total number of hours per week of one-on-one, face-to-face supervision	Total number of hours per week of other types of supervision (e.g., group) or other learning activities	Total number of hours per week of individual and other types of supervision
EXAMPLE	3 hours per week	2 hours per week	5 hours per week
Applicant			

I declare that all of the foregoing in this form is true and correct.

Signature of Applicant

Telephone Number

Date

Wisconsin Department of Regulation & Licensing

Name of Applicant: _____ Date: _____

Instructions to Supervisor completing this form:

The supervisee (named above) is applying for licensure in Wisconsin and has identified you as having overall responsibility for his/her internship/residency training. Please review each page of this reference form and answer questions where indicated. Return the entire form to the Wisconsin Department of Regulation and Licensing at the address indicated below. If your responses need explanation, please provide appropriate comments on an attached sheet.

Thank you for your time and effort.

The Wisconsin Psychology Examining Board

What was the doctoral program area* of the Internship/Residency? _____

*Area = Clinical, Counseling, School, Experimental, etc.

Current Internship/Residency Program Director's Name: _____ Degree: _____

Are you licensed as a psychologist? _____ State(s)/Province(s) & Date of Licensure _____

What is your area of doctoral specialty (e.g., Clinical, Counseling, School, etc.) _____

	Yes	No
1. Was the internship/residency APA approved when the applicant completed training?		
2. Was any supervisor's license to practice psychology subjected to discipline by any state or country or on probationary status or in a delinquent status at any time during the period of supervision? If yes, explain on a separate sheet of paper.		
3. Was there any relationship between the supervisor and applicant for licensure other than supervisory? If yes, please explain on an attached sheet methods used to avoid dual relationship issues.		
4. Did you accept fees, honoraria, favors or gifts directly from the supervisee? If so, please explain the arrangement on an attached sheet and what steps were taken to avoid a dual relationship.		
5. Are you or were you or any of the trainee's supervisors involved in a dual relationship that obliges you to the supervisee?		
6. Did you (and others who supervised this individual) have education and training in supervision?		
7. Were you and any of the trainee's supervisors qualified by training and experience to practice in the supervisee's areas of supervised practice?		
8. Did you establish objectives to be achieved by the supervisee during supervision?		
9. Did you review standards of practice and ethics with the supervisee?		
10. Did you observe client/patient sessions of the supervisee or review verbatim recordings of these sessions on a regular basis?		
11. In regularly scheduled supervisory meetings, did you discuss the supervisee's development as a psychologist – for example, the supervisee's areas of competence and areas of needed improvement?		
12. Did you ensure that the supervisee's status as a psychology trainee was made known to clients/patients and to third-party payers?		
13. Did you ensure that the supervisee had access to multi-disciplinary team membership?		

Wisconsin Department of Regulation & Licensing

	Yes	No
14. Was supervision conducted by a licensed psychologist who carried full legal, ethical and professional responsibility for cases being supervised as well as holding authority in professional disagreements with the applicant?		
15. Were you empowered to interrupt or terminate the supervisee's activities in providing services to a client/patient and, if necessary, to terminate the supervisory relationship?		
16. To the best of your knowledge does this person appear to have good moral character, and has he/she exhibited professional conduct at all times as defined by the Code of Ethics for Psychologists?		
17. To the best of your knowledge, did this person perform his/her duties as an intern/resident competently?		
18. To the best of your knowledge, did this person satisfactorily complete all aspects of the internship/residency program?		
19. Was the supervisee functioning in this same work setting under any other licensee or in any other professional capacity with the same client load during the period of supervision? If yes, attach explanation.		
20. Is the information provided by the former supervisee in Part I of this form accurate? If no, describe or discuss the differences on a separate sheet of paper and attach to this form.		

If your answer to questions 6-20 is "No", please explain on an attached sheet.

	Yes	No
21. Did you receive any complaints about the applicant for licensure or have any reason to suspect that the applicant is less than fully ethical, professional, or qualified for licensure? If yes, please explain on an attached sheet.		

	Yes	No
Did you provide written quarterly evaluations that delineated the supervisee's strengths and weaknesses? Please attach.		
Have you completed the attached Summary of Competencies for Independent Practice?		

I attest that _____ has worked as a psychology intern, trainee, resident, or the equivalent in a position intended primarily to train as a psychologist under my supervision.

Please supply the following information about yourself:

Current Position or Title: _____ **Degree** _____

Specialty Area (e.g., Clinical, Counseling, etc.): _____

License Number: _____ **State/Province** _____ **Issue Date** _____

I declare that all of the foregoing in Part II of this form is true and correct.

Signature of Director of Internship/Residency Program Telephone Number Date

Please return this completed form to:	Wisconsin Department of Regulation and Licensing P.O. Box 8935, Madison, WI 53708-8935 Email: dorl@drl.state.wi.us Fax: 608.261.7083 Tele: 608.266.2112
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Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

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Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: http://www.drl.state.wi.us

PSYCHOLOGY EXAMINING BOARD

VERIFICATION OF SUPERVISED EXPERIENCE FORM (duplicate if necessary)

CHECK ONE

☐ PRE-DOCTORAL
☐ POST-DOCTORAL

THIS FORM MAY BE SUBMITTED TO DOCUMENT SOME OR ALL OF THE REQUIRED 3,000 HOURS OF SUPERVISED EXPERIENCE WHEN EITHER NO FORMAL PREDOCTORAL INTERNSHIP OR FORMAL POST-DOCTORAL RESIDENCY WAS COMPLETED

Please Note: It is not acceptable to attach letters in lieu of completing this form.

Part I. – To be completed by the Applicant for Licensure (duplicate if necessary)

Applicant	NAME:		
	CURRENT ADDRESS:		
	CITY/STATE/ZIP		
	TELEPHONE #:		
	Degree:	Field:	

Hours of Supervised Experience

Supervisor's Name (List primary first)	Supervisor's Degree (Ph.D. or Psy.D.)	Year Supervisor was Licensed as a Psychologist	Hours/Week of Individual Supervision	Hours/Week of Group Supervision	Dates of Supervision From/To Mo/Day/Yr-Mo/Day/Yr

Location(s)	List place(s) where you engaged in professional experience under these supervisors. If the place the actual supervision occurred is different, please clarify on a separate sheet of paper.		
		1	2
	LOCATION:		
	ADDRESS:		
	CITY/STATE/ZIP		
	NAME OF SUPERVISOR		
	SUPERVISOR'S TITLE OR POSITION		
	SUPERVISEE'S TITLE OR POSITION		

Duties	Describe below, in detail, the training program and/or psychological duties performed while supervised.

Wisconsin Department of Regulation & Licensing

Supervised hours are to be accumulated at not more than 40 nor less than 16 hours per week.

Summary of Supervision Hour Totals						
Total number of hours of supervised experience						
	Total Number of Weeks	MULTIPLY	Average Number of Hours per Week	EQUALS = Initial Number of Hours	MINUS – number of hours of training missed during the period for such things as vacation, holidays, sick days, personal days, snow days, etc.	EQUALS = Total Number of Hours Earned
EXAMPLE	50 weeks	X	40 hours	= 2,000 hours	- 160 hours	= 1,840 hours
Applicant						

Please note: Wisconsin Administrative Code Chapter Psy 2.09(3)9 reads:

“The experience shall consist of at least 25% face-to-face client contact and at least 40% direct service for the purpose of providing psychological service. For the purposes of this subsection direct service means those activities a psychologist performs that are directly related to providing psychological services to a client, such as note and report writing, studying test results, case consultations and reviewing published works relating to the client’s needs.” Direct service also includes face-to-face contact.

Total number of hours per week of direct psychological experience						
	Total Number Hours per Weeks	PERCENT	Total number of hours per week of direct service for the purpose of psychological service	PERCENT	Total number of hours per week of face-to-face contact with clients	PERCENT
EXAMPLE	40 hours per week	100%	23 hours per week	57.5%	12 hours per week	30.0%
Applicant						

Supervision	TYPE OF SUPERVISION	HOURS PER WEEK OF SUPERVISION	SUPERVISOR(S) including person completing Part II of this form For each additional supervisor listed, indicate degree and type of license held during period of supervision
	1		2
	INDIVIDUAL:		
	GROUP:		
	OTHER (SPECIFY):		
	TOTAL PER WEEK:		

I declare that all of the foregoing in Part I of this form is true and correct.

Signature of Applicant for Licensure _____ Telephone Number _____ Date _____

Wisconsin Department of Regulation & Licensing

Supervised Experience Verification Form (duplicate if necessary)

Applicant: _____ Supervisor: _____

Instructions to Supervisor completing this form:

The person (named above) is applying for licensure in Wisconsin and has given your name as the supervisor of part of the required 3000 hours of psychological experience appropriate to his/her professional practice as a psychologist. Please review each page of this form and answer questions where indicated. Return the entire form to the Wisconsin Department of Regulation and Licensing at the address indicated below. If your responses need explanation, please provide appropriate comments on an attached sheet. Your complete evaluation of this applicant is critical for licensure and, ultimately, protection of the consumer.

Thank you for your time and effort.

The Wisconsin Psychology Examining Board

Part II – To be completed by supervisor named on page 1

	Yes	No
1. Was the supervisee functioning in this same work setting under any other license or in any other professional capacity with the same client load during the period of supervision? If yes, attach explanation.		
2. Was a licensed psychologist responsible for the integrity and quality of the training program?		
3. Was any supervisor's license to practice psychology subjected to discipline by any state or country or on probationary status or in a delinquent status at any time during the period of supervision? If yes, please attach explanation.		
4. Was supervision conducted by a licensed psychologist who carried full legal, ethical and professional responsibility for cases being supervised as well as holding authority in professional disagreements with the applicant?		
5. Were you empowered to interrupt or terminate the supervisee's activities in providing services to a client/patient and, if necessary, to terminate the supervisory relationship?		
6. Were you available to directly intervene in services in the same work setting in which the person supervised was obtaining supervised professional experience? If no, please explain.		
7. Was there any relationship between the supervisor and applicant for licensure other than supervisory? If yes, please explain on an attached sheet methods used to avoid dual relationship issues.		
8. Did you or any of the trainee's supervisors accept fees, honoraria, favors or gifts directly from the supervisee? If so, please explain the arrangement on an attached sheet and what steps were taken to avoid a dual relationship.		
9. Are you or were you or any of the trainee's supervisors involved in a dual relationship that created an obligation to the supervisee? If yes, please explain.		
10. Were you and any person who supervised the trainee qualified by training and experience to practice in the supervisee's areas of supervised practice?		
11. Did you and any person who supervised the trainee establish objectives to be achieved by the supervisee during supervision?		
12. Did you and any person who supervised the trainee review standards of practice and ethics with the supervisee?		
13. Did you observe client/patient sessions of the supervisee or review verbatim recordings of these sessions on a regular basis?		
14. In regularly scheduled supervisory meetings, did you discuss the supervisee's development as a psychologist – for example, the supervisee's areas of competence and areas of needed improvement?		
15. Did you ensure that the supervisee's status as a psychology trainee was made known to client/patients and to third-party payers?		
16. Did you ensure that the supervisee had access to multidisciplinary team membership?		

Wisconsin Department of Regulation & Licensing

	Yes	No
17. Did you receive any complaints about the applicant for licensure or have any reason to suspect that the applicant is less than fully ethical, professional, or qualified for licensure? If yes, please explain on an attached sheet.		
18. Did you (and others who supervised this individual) have education and/or training in supervision?		
19. Have you had at least 3 years of post-licensure experience?		
20. To the best of your knowledge does this person appear to have good moral character, and has he/she exhibited professional conduct at all times as defined by the APA Code of Ethics for Psychologists?		
21. To the best of your knowledge, did this person perform his/her duties as an intern/trainee competently?		
22. To the best of your knowledge, did this person satisfactorily complete all aspects of the supervised training experience?		
23. Is the information provided by the former supervisee in Part I of this form accurate? If no, describe or discuss the differences on a separate sheet of paper and attach to this form.		
24. Did you provide written quarterly evaluations that delineated the supervisee's strengths and weaknesses? Please attach.		
25. Have you completed the attached Summary of Competencies for Independent Practice?		

If your answer to questions 10-16 and 18-23 is "No," please explain on a attached sheet.

I (or the person who supervised this individual) would rate the supervisee's performance during the period of supervision as:

(check one)

☐

SATISFACTORY

☐

UNSATISFACTORY

REMARKS: please provide additional information regarding your evaluation above. _____

I attest that _____ has worked as a psychology intern, trainee, resident, or the equivalent in a position intended primarily to train as a psychologist under my supervision.

Please supply the following information about yourself:

Current Position or Title: _____ **Degree:** _____

Specialty Area (e.g., Health Psychology, Neuropsychology, Counseling, etc.): _____

License Number: _____ **State/Province:** _____ **Issue Date:** _____

I declare that all of the foregoing in Part II of this form is true and correct.

Signature of Person Verifying Supervised Experience

Telephone Number

Date

Please return this completed form to:

Wisconsin Department of Regulation and Licensing

P.O. Box 8935, Madison, WI 53708-8935

Email: dorl@drl.state.wi.us

Fax: 608.261.7083

Tele: 608.266.2112

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PSYCHOLOGY EXAMINING BOARD SUMMARY OF COMPETENCIES FOR INDEPENDENT PRACTICE

CHECK ONE

☐ PRE-DOCTORAL
☐ POST-DOCTORAL

TO BE COMPLETED BY EACH PRIMARY SUPERVISOR

Name of Applicant: _____ Name of Supervisor: _____

Part III (a) Summary of Competencies for Independent Practice:

- A. In which of the following services did the applicant demonstrate competency such that, in your professional opinion, the applicant is qualified to perform independently upon licensure as a psychologist in Wisconsin? Please include only those competencies that are supported by your direct supervisory knowledge and can be documented to show appropriate training and supervision subsequent to practicum, clerkship, externship, or other employment. *Place a check directly in front of the service.*
- B. Indicate the number of hours *during the pre- and/or post-doctoral supervised experience* for each direct service. Endorse the *Specialty Areas only* if the applicant has had substantial supervised training and experience to qualify.

1. General Services Qualified to Provide

	Total # hrs	(✓)	
(1)	_____	_____	Therapy
(2)	_____	_____	Evaluation
(3)	_____	_____	Psychological Assessment
(4)	_____	_____	Consultation
(5)	_____	_____	Academic Teaching

2. Populations Qualified to Serve

	Total # hrs	(✓)	
(1)	_____	_____	Preschool Children
(2)	_____	_____	Children (5-12)
(3)	_____	_____	Adolescents (13-17)
(4)	_____	_____	Adults (18 and over)
(5)	_____	_____	Geriatric

3. Setting of Experience

	Total # hrs	(✓)	
(1)	_____	_____	Correctional
(2)	_____	_____	University/College
(3)	_____	_____	Inpatient Hospital
(4)	_____	_____	Private Practice

	Total # hrs	(✓)	
(5)	_____	_____	Industrial/Organizational
(6)	_____	_____	Community Mental Health Center
(7)	_____	_____	Other _____
(8)	_____	_____	Other _____

4. Services Qualified to Offer

	Total # hrs	(✓)	
(1)	_____	_____	ADD/ADHD Eval. & Treatment
(2)	_____	_____	Behavioral Medicine
(3)	_____	_____	Behavioral Modification
(4)	_____	_____	Biofeedback
(5)	_____	_____	Custody Evaluations
(6)	_____	_____	Eating Disorders
(7)	_____	_____	Family Therapy
(8)	_____	_____	Group Therapy
(9)	_____	_____	Hypnosis
(10)	_____	_____	Individual Therapy
(11)	_____	_____	Competency Examinations
			Specify _____

	Total # hrs	(✓)	
(12)	_____	_____	Marital/Conjoint Therapy
(13)	_____	_____	Mediation
(14)	_____	_____	Play Therapy
(15)	_____	_____	Program Eval. & Development
(16)	_____	_____	Psychodrama
(17)	_____	_____	Sex Therapy
(18)	_____	_____	Sports Psychology
(19)	_____	_____	Substance Abuse/Addictions
(20)	_____	_____	Supervision
(21)	_____	_____	Other: _____

5. Specialty Areas:

	Total # hrs	(✓)	
(1)	_____	_____	Forensic Psychology
(2)	_____	_____	Neuropsychology

	Total # hrs	(✓)	
(3)	_____	_____	Industrial/Org. Psychology
(4)	_____	_____	Other _____

Comments/Clarification: _____

Do you have any other information that would aid the Wisconsin Psychology Examining Board in evaluating this applicant's ability to pursue independent practice? Please explain: _____

Wisconsin Department of Regulation & Licensing

TO BE COMPLETED BY EACH SUPERVISOR

Name of Applicant: _____ Name of Supervisor: _____

Part III(b) Competencies for Independent Practice

Please complete this form in reference to the above-named applicant. Scores are as follows:

- 1 = Does not display minimal competency (to practice independently).
3 = Displays minimal competency (to practice independently) in this area.
5 = Exhibits above minimum competence (to practice independently) in this area.
X = Cannot rate.

1. Interviewing Skills

1 2 3 4 5 X

Conducts interviews with client/patient, family members, employees and/or others to understand identified problems.

2. Relevant History

1 2 3 4 5 X

Identifies relevant history from client/patient or significant others to attain understanding of presenting problem(s).

3. Observational Skills

1 2 3 4 5 X

Observes client/patient or organization behavior and articulates this in a coherent fashion.

4. Assessment Selection Skills

1 2 3 4 5 X

Selects appropriate instruments, techniques or procedures (e.g.) test inventories to assess relevant characteristic of individual or group.

5. Test Administration & Interpretation

1 2 3 4 5 X

Administers, interprets and scores psychological testing materials, techniques or procedures in a standardized fashion.

6. Report Writing Skills

1 2 3 4 5 X

Integrates and reports results of psychological testing or intervention in a coherent, clear and ethical fashion.

7. Special Populations

1 2 3 4 5 X

Identifies and applies appropriate techniques for assessing and addressing psychological needs of special populations (e.g. sensorially or physically disabled, etc.).

8. Diagnostic Skills

1 2 3 4 5 X

Demonstrates knowledge of a diagnostic system (i.e.) DSM IV and ability to differentially diagnose patients in organized and clear fashion.

9. Professional Conduct

1 2 3 4 5 X

Maintains appropriate professional relationships with supervisor, peers, support staff and other professionals.

Wisconsin Department of Regulation & Licensing

TO BE COMPLETED BY EACH SUPERVISOR

Name of Applicant: _____ Name of Supervisor: _____

10. Assessing Patient/Client for Dangerousness

1 2 3 4 5 X

Demonstrates skills, knowledge and abilities to identify potentially dangerous patients/clients and intervene appropriately (e.g. suicidal, violent, etc.)

11. Ethical Principles

1 2 3 4 5 X

Demonstrates a knowledge and behavior consistent with ethical principles and standards for psychologists.

12. Record Keeping

1 2 3 4 5 X

Maintains appropriate records and documentation in a clear and readable fashion.

13. Knowledge of Own Limits

1 2 3 4 5 X

Identifies limits of his/her own competencies and able to consult and refer appropriately.

14. Confidentiality

1 2 3 4 5 X

Articulates and demonstrates knowledge related to patient confidentiality and disclosure of information.

15. Knowledge of Theoretical Foundation

1 2 3 4 5 X

Articulates clear theory/conceptual basis addressing etiology and interventions with patient/client.

16. Conceptual Skills

1 2 3 4 5 X

Applicant displays ability to conceptualize client problems in a coherent and logical fashion.

17. Cultural Competence

1 2 3 4 5 X

Awareness of multicultural implications of self and client in assessment, treatment planning, and intervention.

18. Special Areas of Expertise

1 2 3 4 5 X

Please list areas of experience not otherwise covered:

For any sections where individual scored 1 or 2, please explain:

I declare that all of the foregoing in this form is true and correct.

Signature of Supervisor _____

Telephone Number _____

Date _____

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@dr1.state.wi.us
Website: <http://www.dr1.state.wi.us>

CONVICTIONS AND PENDING CHARGES

If you have been convicted of a crime or have criminal charges pending against you, complete this form and return it with your application. Include a \$6.00 Crime Information Bureau report fee in addition to your original application fees.

The Fair Employment Act (sections 111.31-111.395, Wis. Stats.) prohibits employment discrimination on the basis of conviction record or arrest record unless the circumstances of the conviction or arrest substantially relate to the circumstances of the particular job or licensed activity. The information requested on this form will be used to determine whether your application should be granted, approved with limitations, or denied. The information you provide on this form may be verified against criminal information records. Omission of information on this form will be considered a false statement on an application.

Profession you are applying for: _____

Last Name	First Name	MI	Former / Maiden Name(s)
-----------	------------	----	-------------------------

Your Street Address (number, street, city, state, zip) _____

Mail To Address (if different) _____

Date of Birth ____ month ____ day ____ year	Social Security Number ____-____-____ <small>Information helps us identify your record, but is voluntary. It is not available to the public.</small>
--	--

Ethnic/gender information is required to check criminal information records. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

- List all other names used: _____
- List all felonies, misdemeanors, and other violations of state or federal law of which you have ever been convicted, in this state or any other, whether the conviction resulted from a plea of no contest or a guilty plea or verdict. For each, list the date and location of the conviction. Please include all convictions that involved alcohol or other drug use, including convictions for operating while intoxicated. Do not include municipal ordinance violations or other traffic offenses.

It is your responsibility to submit certified copies of the police report or criminal complaint, judgment of conviction and sentencing, and verification of your compliance with all terms of each sentence, including chemical dependency assessments if ordered by the court. If the conviction is old and records have been destroyed, you must submit a written description of each offense, along with an explanation of the penalties imposed and verification that you completed all requirements.

OFFENSE

DATE

CITY/STATE

Attach additional sheet(s) if necessary.

Wisconsin Department of Regulation & Licensing

3. Have you ever been sentenced by a court to participate in an alcohol or other drug assessment, treatment or counseling program? YES NO MO/YR COMPLETED
☐ ☐ _____
Did you successfully complete the program? ☐ ☐ _____
Please attach the certificate of completion/discharge summary.

- (Check all that apply)
4. Have you ever been sentenced to: YES NO MO/YR COMPLETED
☐ Probation ☐ ☐ _____
☐ Parole ☐ ☐ _____
☐ Ordered to pay restitution ☐ ☐ _____
Did you successfully complete one of the above as ordered by the court? ☐ ☐ _____

If you are currently on probation or parole, you must request your probation/parole officer to send a letter describing your current probation/parole requirements and your compliance with supervision.

5. List all felonies, misdemeanors, or other violations of state or federal law for which you have been arrested and which are **pending**. Submit a copy of the police report/criminal complaint for each of the following pending charges.

<u>PENDING CHARGE</u>	<u>DATE OF ARREST</u>	<u>LOCATION OF ARREST (city/state)</u>
-----------------------	-----------------------	--

Comments you wish to make regarding your convictions or pending charges. Attach another sheet if necessary.

AFFIDAVIT OF APPLICANT

I state that I am the person referred to in this document and that all the information which I provided above is true in every respect. I understand that false or forged statements made in this document in connection with my application for a credential, or failing to provide relevant information, may be grounds for denial of the application, revocation of the credential granted to me, or criminal prosecution. This document must be signed before a notary public.

Signature

State of _____ County of _____

Signed and sworn before me this _____ day of _____, 20____ by _____
(applicant's name)

Signature of Notary Public

My commission (is permanent) _____ expires _____.

SEAL

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
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Website: <http://www.drl.state.wi.us>

NOTICES

TIME FOR REVIEW AND DETERMINATION OF CREDENTIAL APPLICATIONS

Generally, a credentialing authority is required to make a determination on an original application for a credential within 60 business days after a completed application is received.^a An application is completed when all materials necessary to make a determination on the application and all materials requested by the licensing authority have been received.

PROCEDURES ON APPLICATION DENIAL

An applicant who receives a notice of denial may request a hearing to challenge the denial by filing a request with the appropriate board or the department within 45 days after the mailing of the notice of denial. The request must contain the applicant's name and address, the type of license sought, the reasons why a hearing is requested and a description of the mistake the applicant believes was made, if the applicant claims that the denial was based on a mistake of fact or law. Hearing procedures are specified in ch. RL 1 of the Wisconsin Administrative Code. A copy of ch. RL 1 is available at most public libraries, on the Internet through the index at <http://www.legis.state.wi.us/rsb/code/rl/rl.html> and may also be obtained from the department.

MAILING ADDRESS AND CHANGE OF ADDRESS

Credential holders may use a business address as a mailing address for department mail. A change of address must be reported to the department within 30 days.

PERSONALLY IDENTIFIABLE INFORMATION: USE AND AVAILABILITY

Information collected on an application form is required and will be used to determine eligibility for a credential or examination. It is not likely that the department will use information collected by these forms for other purposes.

Credentialing is a public process with a goal of identifying those competent to protect the public. The name, city, and status of credential holders are accessible at the Department's website at <http://www.drl.state.wi.us/> under "Credential Holder Query." Information collected on application and examination forms is available for inspection to the public under Wisconsin laws governing public records.

AMERICANS WITH DISABILITIES ACT

The Department complies with the Americans With Disabilities Act of 1990. The Department will make reasonable modifications to policies, practices and procedures when modifications are necessary to avoid discrimination on the basis of disability and will make reasonable accommodations necessary to provide a qualified individual with a disability with equal access to department programs.

Communications and examinations: Individuals who need auxiliary aids for effective communication in programs and services or who wish to request special accommodations for examinations, please call (608) 266-2852 or TTY at (608) 267-2416.

Complaints: Procedures for alleging violations of the Americans with Disabilities Act of 1990 may be obtained by calling the Department's ADA Coordinator at (608) 266-8608 or TTY at (608) 267-2416.

#1988 (Rev. 4/03) ss. 15.04 (1) (m), 19.35, Stats.

^a Section RL 4.06 of the Wisconsin Administrative Code

Wisconsin Department of Regulation & Licensing

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Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://www.drl.state.wi.us>

APPLICATION PACKET ADDENDUM (INTERNET)

PSYCHOLOGIST LICENSURE APPLICATION

For the application packet that you have just downloaded, there are additional materials needed.

Please complete this form and fax it to the number listed above. Once the form is returned we will mail the additional items to the address you have provided. If you prefer, you can mail this form directly to the Department of Regulation and Licensing, P.O. Box 8935, Madison, WI 53708.

Please indicate on this form if you have downloaded the Wisconsin Statutes and Code Book for this profession. ☐ Yes ☐ No

PLEASE PRINT OR TYPE

Full Name

Daytime Phone Number

Street Address

PO Box

City, State, Zip

Thank you.

#2612 (4/03)